

Schema Perpetuation and Schema Healing: A Case Vignette for Schema Focused Therapy in Islamic Perspective

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Abstract

This paper analyses a traditional approach used by a Sufi saint for healing the characterological problems and integrates it with the currently available approach popularly known as Schema Focused Therapy. For this purpose an anecdote of an individual suffering from chronic characterological problems that had inflicted devastating affects on him and on the society at large has been explored. All the traditional methods of corrections, characterized to punitive measures, failed to ameliorate his maladaptive behaviour. However, he bumped into a faith healer who used an integrated approach of behavioural change and cognitive restructuring with emotional support in a subtle way, which became a turning point in his life. He was enabled to rebuild his personality through the induction of healthy schema and appropriate coping style.

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Introduction

This paper examines an anecdote, which is believed to have historical roots in the third/ninth century, of an individual who had chronic characterological problems and was treated by a well known faith healer of the era through his compassionate behaviour, empathetic emotional support and cognitive restructuring. This case vignette is then analysed in the light of the twenty-first century conceptual model of schema therapy¹ which is an evidence based treatment strategy designed to treat individuals with chronic characterological problems who have not been satisfactorily dealt by the traditional psychotherapies.² According to this model individuals with characterological

¹ Jeffrey E. Young, *Cognitive Therapy for Personality Disorders: A Schema Focused Approach* (Sarast: Professional Resource Exchange, Inc., 1990).

² David P. Bernstein, Arnoud Arntz and Marije de Vos, "Schema Focused Therapy in Forensic

problems express rigidity, despondency about changing and ego-dystonic serves as central behaviour to their sense of identity. Challenging these characterological issues rigidly and aggressively might strengthen their negative views about themselves, others and the world in the context of their own schema, which is being served as a guide for interpreting information and solving problems. Schema understanding and healing is a primary ingredient of Schema therapy, which is “an abstract representation of the distinctive characteristics of an event, a kind of blueprint of its most salient elements.”³ In psychology the term schema is associated with Jean Piaget (1896–1980) who described it in different stages of childhood cognitive development and later the term schema referred in the context of psychotherapy to any broad organizing principles of making sense of one’s life experience. The schema is formed early in life, continues to be built up and then wrapped up in later life experiences, even when it is no longer applicable. However, schema can be adaptive or maladaptive formed in childhood or in adolescence. An acceptable definition of maladaptive schema is that

it is a broad, pervasive theme or pattern comprised of memories, emotions, cognitions and bodily sensations regarding oneself and one’s relationship with others, developed during childhood or adolescence elaborated throughout one’s lifetime and dysfunctional to a significant degree.⁴

According to this definition maladaptive behaviours develop as a response to schema and not part of the schema itself which subsequently turn into life trap. A life trap is self defeating emotional and cognitive patterns, which damages every aspect of our lives such as sense of oneself, one’s health, relationship with others, in work and in general, happiness and mood.⁵ The formation of early and later schemas are generally associated with family dynamics, the early toxic childhood experience such as traumatization and victimization, lack of safety in childhood and abandonment. These factors are responsible for developing schemas such as mistrust and abuse, vulnerability to harm, emotional deprivation, social exclusion and defectiveness/shame. Moreover, they allow to store failure and unrelenting standards in the form of implicit memory in amygdala. The next section elaborates it further.

Settings: Theoretical Model and Recommendation for Best Clinical Practice,” *International Journal of Forensic Mental Health* 6: 2 (2007), 169–183.

³ Jeffrey E. Young, Janet S. Klosko and Marjorie E. Weishaar, *Schema Therapy: A Practitioner’s Guide* (New York/London: The Guilford Press, 2003), 6.

⁴ Young, Klosko and Weishaar, *Schema Therapy*, 7.

⁵ Jeffrey E. Young and J. Klosko, *Reinventing Your Life* (New York: Plume, 1994), 15.

Memory Systems and Explanation of Maladaptive Schema

As mentioned above, early maladaptive schema is a set of memories, emotions, bodily sensations and cognitions developed as a response to abandonment, neglect, abuse, victimization or traumatization and rejection. There are two memory systems located in the brain which accumulate emotional and cognitive experiences. Emotions and bodily sensations are stored in the amygdala and called implicit memory. The mindful recollections and cognitions associated with the trauma are stored in the hippocampal system and higher cortices and called explicit memory.⁶ In the case of triggered maladaptive schema the individual can be flooded with emotions and bodily sensation as the implicit memory is an automatic permanent feature of the individual and faster than explicit memory. Therefore, the individual might not be connected to the conscious memory, as these memories are not clearly in awareness even in the form of images, and indicate the primacy of emotions over cognitions. So the maladaptive schema continually operates and affects individual relationship with others. This is known as schema operations. In this regard the section below explains the schema perpetuation and schema healing to have a deep understanding of schema operations.

Schema Perpetuation and Schema Healing

There are two primary schema operations: schema perpetuation and schema healing. Schema perpetuation includes all thoughts, feelings and behaviours that keep the schema going in the forms of three main mechanisms. These are cognitive distortions, self-defeating life patterns, and coping styles. In the case of cognitive distortions the individual misperceives situations in such a way that the schema is underpinned, emphasizing information that substantiates the schema and denying what challenges it. Subsequently individuals may block the emotions connected to a schema and cannot reach at a level of conscious awareness to change or heal it. Therefore, the individual engages in self-defeating behaviours selecting unconsciously, and subsequently remaining in a state that triggers and perpetuates the schema, while avoiding relationships that are likely to heal the schema. Individuals with chronic characterological problems repeatedly engage in self-defeating patterns and coping styles, which perpetuate their schemas and disconnect them from themselves and others. So to minimize the overwhelming affect of maladaptive schema perpetuation an approach known as schema healing, which involves the curtailing of intensity

⁶ Louis Cozolino, *The Neuroscience of Psychotherapy: Healing the Social Brain* (New York: W.W. Norton and Company, 2002), 257–289.

of the memories, connected to the schema is applied.⁷ In other words this approach includes cognitive, affective and behavioural interventions which contain behaviour change to replace maladaptive coping styles with adaptive patterns of behaviour. Nevertheless, schema never disappears altogether but whenever it activates, the experience is less devastating and the recovery is quicker. Schema healing demands discipline and frequent practice until it is corrected through a compassionate and caring therapeutic alliance to enable the individual to respond in a healthy manner to a triggered maladaptive schema.⁸

In the present paper an anecdote, related to the third century of Islamic calendar (ninth century of the CE), of an individual having chronic characterological problems, has been selected to examine conceptual similarities with the current popular treatment model for such problems known as Schema therapy.⁹ For this purpose the current paper only focuses on selected schemas (See, the Table for details) such as Abandonment/Instability, Emotional deprivation, Defectiveness/Shame and Social Isolation/Alienation, leaving other that have no direct relevance to this anecdote.

A Case Vignette for Schema Focused Therapy¹⁰

It was the end of third/ninth century, in the Abbasid dynasty, the tales of a notorious dacoit Ibn Sābāt had spread in the nook and corner of the capital city Baghdad of 1.5 million populations. His stories of manipulation and deceitfulness had been remembered by the people even though he was in the prison for the last ten years. Moreover, the anecdotes of his crimes were continuously on the agenda in social and private gatherings of the residents of Baghdad. However, the people had little less awareness about his family background. The information about his past was revealed for the first time

⁷ Young, Klosko and Weishaar, *Schema Therapy*, 209.

⁸ Young and Klosko, *Reinventing Your Life*, 342.

⁹ Josephine Giesen-Bloo et al., "Outpatient Psychotherapy for Borderline Personality Disorder: Randomised Trial of Schema-Focused Therapy vs. Transference-Focused Psychotherapy," *Archives of General Psychiatry* 63: 6 (2006), 649–658.

¹⁰ Although the narrative of Ibn Sābāt has been widely circulated among the disciples of Junayd Baghdādī, yet the author has not found it in the historical sources. This story was, as far as the author has found, first introduced in writing by Abū 'l-Kalām Āzād in his monthly journal *al-Hilāl* (Abū 'l-Kalām Āzād, "Maḥabbat aur Qurbānī yā Intiqām aur Sazā? Vikṭar Hiyūgō kā "Bishap" aur Tārikh-i Islām kā "Baghdādī," Part 2, *al-Hilāl*, July 22, 1927, 20–24) and a brief summary of this anecdote is available in 'Allāmah Faḍl Aḥmad 'Ārif, *Sirat Junaid: Sayyid al-Ṭā'ifah Abū 'l-Qāsim Junaid Baghdādī Raḥimahu Allāh kē Savānīḥ-o Afkār* (Lahore: Maktabah-i Rashīdiyyah, n.d.), 141–42. Owing to the direct relevancy and stark similarities of the facts in this narrative with the schema focus therapy (SFT), the author has selected it as a case vignette of SFS in Islamic perspective.

when he was caught by the custodians of Baghdad city at the age of fifteen years in connection with stealing bread from a bakery to feed his hunger. The information revealed that Ibn Sābāṭ was not a native of Baghdad, and his parents had come from “Ṭūs.” While travelling in a Caravan, both parents became ill and subsequently died. The orphan Ibn Sābāṭ was brought to Baghdad, and he appeared publically at the age fifteen years when he was caught for stealing bread. He was punished for this act, which left a profound negative impact on his later life. These traumatic events initially made him insecure, traumatised and socially isolated and allowed him later to emerge as a dacoit and robber. Subsequently he had lost one of his hands as a consequence of punishment for his notorious crimes. Despite this he turned out to be a ring leader of a gang and his treacherous skills and criminal acts paralysed the administration of Abbasid dynasty. At last after a hard struggle he was caught and the punishment he could get this time was a death sentence. However, he appealed to the department of Justice that he would expose all other members of the gang if his punishment might be downgraded to life imprisonment. He secured this deal and exposed all the names of his gang. He was put in Prison in Madā’in (a city near Baghdad) and after ten years of imprisonment, he broke the prison in the middle of night and fled to seek hide out in the nearest town with the intent to resume his profession as a dacoit. After a thorough assessment of the area, he found himself in a posh part of Baghdad and decided to rob one of the houses with the main door open. He entered the house and started searching for valuable items. He searched almost the whole house but could not find costly items, however, in one room he found manger (rolls) of cloths. He thought to take the rolls and to leave the house quietly. The rolls were very heavy and he was unable to lift them up. He tried again and again but his disability was a big hurdle in accomplishing the task. During this struggle an old man entered the room with a lighted candle in his hand. Initially, Ibn Sābāṭ was horrified and thought that the owner of the house would catch him. However, the old man offered his help in lifting up the rolls. Ibn Sābāṭ was relieved and thought that the old man was also a thief. He planned in his mind to offer him a share of the package and asked him if he would carry the rolls with him; he would give half of them to him. The old man with a grey beard politely replied ‘I’ll carry these rolls with you’ and asked for the direction. The old man loaded the rolls on his shoulder and followed Ibn Sābāṭ moving toward the destination. In the middle of their way the old man fell on the street because of the heavy load. Ibn Sābāṭ scolded him for this but the old man managed himself showing great patients and resumed his voyage. At last they reached an abandoned house, where the rolls were offloaded. Ibn Sābāṭ asked the old man to get his share; the old man refused to

take his share and mentioned that he just helped him in carrying the load and he also revealed that he was the owner of the house and left the abandoned house. This event had left an enormous impact on Ibn Sābāt and he battled with his own thoughts the whole night about the old man's affectionate treatment, which he never experienced in his life. The first task Ibn Sābāt did next morning was asking someone nearby to enquire about the old man who lives in the house, which he had broken into last night. Ibn Sābāt was told that the old man who lived in that house was Junayd Baghdādī (d. 298/910) a pious man and a great reformer of his era. Ibn Sābāt followed the direction and entered silently in the house. He joined his morning lecture with other disciples, and during the lecture he decided to give up all bad deeds and activities and to spend the rest of his life like Shaykh Junayd Baghdādī's noble disciples. The unique treatment he got that night, which he never experienced before in his whole life was a turning point for Ibn Sābāt and changed his life from a notorious dacoit into a pious and noble individual of Baghdad as the time progressed.¹¹

The forty years of hard punishment inflicted upon him could not ameliorate Ibn Sābāt, but the compassionate re-parenting behaviour embedded in affection and kindness broke in the internalized prison of hate of Ibn Sābāt and consequently his maladaptive schemas was healed, which he developed in early childhood in response to abandonment, emotional deprivation, defectiveness and social isolation and was replaced now by the adult healthy mode.¹²

Case Illustration and Islamic Concept of Schema Healing

The above case describes a historical anecdote of Ibn Sābāt whose detailed information regarding his developmental history and other significant events in his life are not available. However, an attempt has been made to analyse the above mentioned anecdote and to understand it in the light of schema therapy conceptual model. According to this model toxic childhood experiences are the primary origin of early maladaptive schemas, as a consequence of family dynamics, peer pressure in the community and the surrounding culture.¹³ In this regard four types of early life experiences are significant in the acquisition of schemas such as toxic frustration of needs, traumatising or victimization, availability of too much of good things and selective internalization or

¹¹ Āzād, "Maḥabbat aur Qurbānī yā Intiqām aur Sazā?" 20–24.

¹² J. Lobbetael, MF Van Vreeswijk and A. Arntz, "Shedding Light on Schema Modes: A Clarification of the Mode Concept and Its Current Research Status," *Netherland Journal of Psychology* 63: 3 (2007), 76–85.

¹³ Young, Klosko and Weishaar, *Schema Therapy*, 6–7.

identification with significant others. In the above case, Ibn Sābāṭ grew up in an environment where certain important things like stability, care, and love were missing. This had led him to develop schema of emotional deprivation or abandonment. Moreover, the hostile and insecure environment had developed mistrust/abuse, defectiveness/shame, social isolation and behaviour of being victim was internalized. Furthermore, in his environment the non-availability of adequate parenting and appropriate supervision and guidance originated unrelenting standards. Subsequently, Ibn Sābāṭ exhibited his internalized schemas in the form of maladaptive coping styles or in dysfunctional modes¹⁴ and illustrated that the early toxic childhood life experiences led him to develop characterological problems and dysfunctional relationships with others, community and society at large. Conventionally, his maladaptive schema was treated with the same means and methods as it was grown up in the same way, and he gradually developed rigidity and inflexibility when ever his schema was challenged. To recap, it is extracted from examining the above anecdote, which indicates that compassionate behaviour, kind support in the form of re-parenting and cognitive restructuring through participation in lectures and group activities in a non-judgmental environment facilitate to reconstruct one's personality. Subsequently one can replace his maladaptive schema and dysfunctional coping styles by healthy schema and appropriate coping styles.

Applied Significance and Conclusion

The principle of “keeping one's behaviour upright” lies at the heart of all religious, ethical and spiritual traditions. Islam is not an exception to these. While stating that the human beings have both good and bad traits,¹⁵ the Qur'ān asks them to move toward good while leaving the bad.¹⁶ There are several methods to achieve this. The key to success is to choose right method in a given situation. This has been practically demonstrated in the presented case, which bears striking resemblance with SFT approach for amelioration of maladaptive behaviours and provides a clear example of integrating religious and spiritual factors with modern psycho therapies. However, this integration is a relatively new phenomenon in psychology since in past the religion and spirituality have not been considered a valid construct in psychological research.

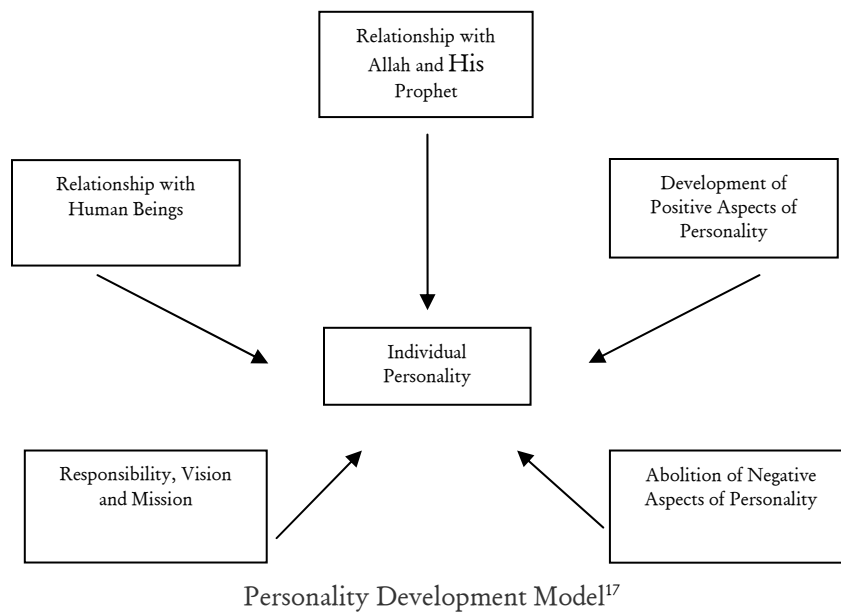
The role of religion and spirituality in shaping, maintaining and correcting the positive personality can be hardly overemphasized. This is

¹⁴ J. Lobbetael, Vreeswijk and Arntz, “Shedding Light on Schema Modes,” 76–85.

¹⁵ Qur'ān 91: 7–8.

¹⁶ Ibid., 91: 9–10.

because of the fact that religion and spirituality play a central role in the lives of majority of the global population, especially those who identify themselves in Muslim societies. How does an individual adopt good behaviour and purify his or her personality from maladaptive patterns? From Islamic standpoint, this issue has been deeply explored from theological, ethical and legal perspectives. The psychological perspective, however, remains a little explored. Fortunately, one model for the healthy personality has been before us that is also compatible to the SFT approach. The figure below depicts the model.



This model contains five cardinal principles surrounding the individual personality as the main focus for construction. The core of this model is the ‘correct relationship with the Almighty Allah and His Prophet (peace be upon him)’. The second important principle is the relation with human beings and other creatures in the society. This model further elaborates two aspects of personality development i.e. eliminating the negative aspects of one’s personality and developing the positive ones. The last unit of this model is the responsibility and vision for future development for a morally-conscious society. This model of personality is grounded in moral character embedded in Islamic teachings comprising beliefs, external traits, attributes, behaviours, manners and social graces, which could be reflected in relation between man

¹⁷ Muhammad Mubashir Nazir, “Introduction to the Personality Development Programme,” accessed May 2011, <http://www.mubashirnazir.org/PD/English/PE01/-000/-Introduction.htm>

and man, man and God, man and family, man and society and man and natural world.

To conclude, the sensitivity to characterological problems is as common as it is to other social problems, however, the challenge facing this generation as a consequence of unrelenting media, lack of appropriate parenting, the passive role of religious and political leadership, social ills, self-harming tendency and spiritual decay is massive. Therefore, the internalization of God-consciousness and piousness is critical in the reconstruction of personality. For Muslim societies, there is need to bring changes in the traditional way of healing and to adapt modern techniques grounded in Islamic principles¹⁸ in order to deal with the current characterological issues and to meet the challenges ahead.

Limitations

The case explored here does not provide further information. Therefore, the findings of this paper cannot be generalized and would be considered clinically significant as an individual case study.

An attempt has been made to integrate the healing of schema found in the history with the conceptual model of schema therapy in the 21st century; however, this would need further research to underpin this integration grounded by evidence.

Abandonment/Instability	It is the perceived instability of one's connection to significant others such as the absence of important people in one's life or the fear of rejection/neglect.
Emotional Deprivation	It is the expectation that one's desire for emotional connection will not be adequately fulfilled such as the absence of affection or caring, the absence of listening or understanding and the absence of strength or guidance from others.
Defectiveness/Shame	It is the feeling that one is flawed, bad, inferior, or worthless and one

¹⁸ Muhammad Ajmal, *Muslim Contributions to Psychotherapy and Other Essays* (Islamabad: National Institute of Psychology, Centre of Excellence, Quaid-i-Azam University Islamabad, 1986), 28-33 .

	would be unlovable to others if exposed. It involves a sense of shame regarding one's perceived defects e.g. selfishness, aggressive impulses. Unacceptable sexual desires, unattractive appearance and social awkwardness.
Social Isolation/Alienation	It is the sense of being different from or not fitting into the larger social world outside the family e.g. not part of the group or community.

Table: This table depicts the definitions of four maladaptive schemas relevant to this case study.

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